



Instructional Payroll Hourly Report

Seminole Community College

I certify this information is correct;

Reporting Period _____

Authorized Signature _____

INITIAL for Substitute Instructor
(No Term Work Load screen print required)
Must provide Name of Instructor Replaced
and Class Date in Comment Section

Prepared By _____ Ext. _____

Account Code #	GL Code	Department Name

Name	Employee ID

Course Title	Course Number	Section Number	Hourly Rate	Hours	Gross Pay	Comments

Attach Term Work Load screen print.

Hourly Rate	Total Hours	Total Gross
_____	_____	_____
_____	_____	_____

White - Payroll Office
Yellow - Department



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